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ABSTRACT

A collaborative relationship was established between the Mississippi Coalition for Mothers and Babies, the Governor's Service Line, and the Mississippi State Department of Health for the purpose of providing outreach and referral to all poor pregnant women and children in need of access to appropriate health care services. The project had a dual focus, that of individual assistance and follow-up to families who requested service and that of program monitoring and evaluation of the perinatal service system including health and welfare departments and hospital and physician services. Citizens with problems receiving pregnancy or child health services were assisted by a perinatal nursing consultant. Problems reported by citizens were grouped into the categories of health departments, welfare departments, hospitals, physicians, and a general "other" category. Problems ranged from lack of publicity for health department programs to hospitals demanding preadmission deposits for maternity care. A publicity campaign was undertaken to inform citizens about services. A coalition of health care providers, government agencies, charities, and professional organizations addressed issues and analyzed policies. (Specific policy issues implemented and recommendations for future action are listed.) (ABL)

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Perinatal Counseling Project

A Component of the Mississippi Perinatal Awareness Project

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PURPOSE: A collaborative relationship was established between the Mississippi Coalition for Mothers and Babies, the Governor's Service Line, and the Mississippi State Department of Health for the purpose of providing outreach and referral to all poor pregnant women and children in need of access to appropriate health care services. Specific emphasis was placed on implementation of the Medical Assistance Program which offered for the first time Medicaid services to a target of 3,673 married poor pregnant women and 18,000 children below the state's Standard of Need (37% of federal poverty level for a family of four). An additional target was the 3,390 pregnant women below poverty level, but above the Standard of Need who have no financial resources for appropriate hospital delivery. The project had a dual focus, that of individual assistance and follow-up to families who requested service and that of program monitoring and evaluation of the perinatal service system including health and welfare departments, hospital and physician services.

PROJECT COMPONENTS: The project included part-time services from the four staff counselors of the Governor's Service Line, a Perinatal Nursing Consultant (25% time), technical assistance by the State Department of Health Maternal and Child Health staff, and project supervision by the Mississippi Coalition for Mothers and Babies. A major publicity campaign provided the outreach component. Monthly meetings of the Medical Assistance Task Force provided project guidance and evaluation.

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Staffing

The Governor's Service Line continued its regular service of answering statewide in-WATS calls on a range of service needs of citizens. When anyone called to ask about services related to pregnancy or child health, the caller was asked first to contact county health and/or welfare departments but to call back if they encountered any difficulty in receiving services. The Service Line received 3,625 calls regarding these concerns. Subsequently, one hundred forty-one (141) people from 46 counties called again to request ongoing counseling, advocacy, and referral by the Perinatal Nursing Consultant. Each day at 1:00 P.M. she called in to receive her referrals and spent two hours at the Mississippi State Department of Health handling the cases on their WATS line and utilizing relationships with health department district nursing and social work staff, as well as county welfare directors, to do local case investigation. The financial status of the families was 48% below Standard of Need (SON), 46% between SON and poverty level, and 6% above poverty level. Technical assistance was immediately available from state health and welfare department staff. Problems encountered have been itemized by county and are analyzed by category.

Problems Reported

HEALTH DEPARTMENTS

1. Lack of publicity for health department programs
2. Lack of follow through in discussing delivery plans with maternity clients
3. Excessive waiting times for appointments for prenatal care, family planning, and WIC
4. Need for a nurse to talk with clients requesting sick child evaluation and referral
5. Staff insensitivity, particularly to telephone requests
6. Fees charged for children's services
7. Lack of nine-hour telephone answering due to in-service
8. Need for clerk knowledge of when to refer to nurse or social worker

WELFARE DEPARTMENTS

1. Inadequate numbers of eligibility workers
2. Standard of Need for eligibility too low

3. Resource limit too low
4. Waiting times for eligibility determination up to six months in some counties
5. Long waiting times for assignment of Medicaid numbers after eligibility approved
6. Staff insensitivity, on the phone and in person
7. Unemployment checks and disability benefits cut family off of Medicaid
8. Child abuse - reluctance of counties to investigate
9. Child abuse - reluctance of hotline to accept cases from caller
10. Pregnant women paying physicians because of delay in eligibility processing
11. Eligibility workers' ignorance of policy
    a. Not counting unborn child as family member
    b. Confusion over three-month retroactivity
    c. Counting grandparent income for babies of teenagers
    d. Refusal of application when requested

HOSPITALS

University Medical Center

1. Free parking for private patients while public patients have to pay
2. Hospital billing office demanding that clients pay prior to either prenatal care or hospital delivery (preadmission deposits)
3. Inability to obtain records in a short period of time
4. Multiple billing to patients by hospital, OB, pediatrician, anesthesia, and laboratory (with each source demanding the same percentage of income)
5. Medicaid-eligible patient with delay in getting Medicaid number threatened with collection agency
6. Funding resources for NICU bills
7. Lack of arrangement for continuity of care in the community

Charity Hospitals

1. Lack of follow-up for patients
2. Inadequate or inappropriate health care

Local Hospitals

1. Lack of access to hospital close to home because of lack of funding
2. Lack of utilization of Hill-Burton funds for maternity
3. Referral by hospitals to charity hospitals because of lack of income
4. Need for hospital-based Medicaid eligibility workers
5. Refusal of surgery for child because Medicaid days had run out

PHYSICIANS

1. Refusal to take Medicaid or indigent patients
2. Unwillingness to release medical records unless client paid bill in full
3. Possible inappropriate care for infants
4. Lack of knowledge regarding UMC referral service
5. Refusal to see Medicaid-eligible patients before Medicaid numbers assigned
6. Requirement of prepayment before delivery
7. Charging of fee for prenatal care and delivery when prenatal care obtained elsewhere

OTHER

1. Patients delivering with no prenatal care
2. Physical abuse of pregnant women
3. Baby-sitting for triplets and sick infants
4. Mental Health counseling unavailable without legal guardian's consent
5. Transportation to health and welfare services
6. Housing
   a. Homes with no running water
   b. Need for housing for pregnant teens told to leave home
   c. Utility bills a problem when there is a delay in processing eligibility
7. Belief that home delivery safe and acceptable
8. Pharmacies unwilling to accept Welfare eligibles without Medicaid number
9. Repeat pregnancies of teenagers
10. Loss of insurance with change of jobs
11. Perceived racism throughout service system

Among the services provided to address these problems were advocacy with welfare and health departments to clarify and expedite service needs. This was an exceptionally successful process. Referrals were made to private physicians, hospitals, community health centers, mental health centers, legal services, social security offices, unemployment offices, public housing, domestic violence shelters, March of Dimes, Compassionate Friends, Easter Seal Society, Lions clubs, ACLU, Parent-Teen services, Catholic Charities, Mississippi Childrens' Home, and many others.

Publicity Campaign

The initial campaign in July 1985 included the development of 12 copies of two 30-second television public service announcements. One announcement featured a married couple and their child while another featured a physician-child relationship. Both of these announcements benefited from the new Medicaid expansion to married families. Sound tracks from copies of the television spots were used for 50 radio sound tracks. A poster entitled "Wanted Healthy Children" instructed people to call county health or welfare departments or the Service Line to find out about the new Medicaid program. A

companion flyer with same title described the income and resource requirements of the program and explained how eligibility for Medicaid is determined. A simpler version of the flyer for clients asked "Do you need health care but can't afford to go to the doctor?" Just prior to the beginning of the project, 3,000 posters and 5,000 flyers were mailed to all primary care physicians, all hospitals 1,800 members of the Mississippi Coalition for Mothers and Babies, all county health departments and their district offices, all county welfare departments and their regional offices, all public schools, legal service offices, mental health centers, hospital social workers, Title XX day care centers, all Head Start central offices and all Head Start centers, all United Way agencies, community action central offices, primary health care centers, and unemployment offices. They were told more flyers were available upon request. The geographic analysis of calls to the Service Line was used to target additional counties with radio spots.

A second publicity campaign was carried out during March 1986. New posters and flyers were developed entitled "Good Beginnings for Mississippians Start Before Birth, Begin Prenatal Care Early". The flyer featured prenatal and child care. This time 25,000 flyers were ordered for ongoing outreach to all families where the birth certificate identified high-risk problems. The same mailing list of 5,000 was used as in the first campaign with emphasis on requesting quantities of flyers. An analysis of the request for additional flyers showed an additional 6,170 flyers requested from 48 counties. In addition, a revision of the client flyer was done to reflect the July 1, 1986 increase in the Standard of Need. A simplified two-sided version of the flyer was prepared for Welfare Department stuffing specifications and included in the April mail out of AFDC checks. All materials feature the importance of calling the Governor's Service Line after calling health and welfare departments.

PROJECT EVALUATION: Project oversight and analysis was provided at monthly meetings of the Medical Assistance Task Force which included representatives from the Mississippi Chapter/American Academy of Pediatrics, the Mississippi Hospital Association, the Mississippi Coalition for Mothers and Babies, the State Department of Health, the State Department of Public Welfare, the Mississippi Health Care Commission, the Children's Defense Fund, Catholic Charities, the National Association of Social Workers, the Governor's Commission for Children and Youth, the Governor's Service Line, and the Governor's Office of Planning, the State Medical Auxiliary, Jackson-Hinds Comprehensive Health Center, and the Medicaid Division. Monthly data and stories on calls received were discussed to bring out strategies for implementation of policy issues and recommendations for future action on unresolved problems. A list of issues addressed follows:

Policy Issues Implemented

1. Addition of 9,125 children and 1,533 married pregnant women to the Medicaid program, 49% of the target population
2. Development of an effective system for the resolution of individual perinatal health care problems
3. Development of an effective system for monitoring health and welfare department service delivery
4. Implementation of a program for the placement of eligibility workers in hospitals, utilizing only hospital and federal dollars for salaries
5. Raising of the Standard of Need, eligibility level for Medicaid, from 37 - 50% of federal poverty level
6. Providing a significant Medicaid fee increase for physicians who provide health services to children up to age five
7. Eliminating the maximum of 12 physician visits for maternity patients to provide unlimited visits to high-risk patients

8. Establishment of a health department policy that all sick child service requests should receive nursing attention
9. Elimination of the health department fee for teen pregnancy tests
10. Establishment of the health department standard of no more than two weeks waiting time for appointments
11. Reinforcement of the welfare policy that the income of a teenager's parents not be counted in eligibility determination for her infant
12. Implementation of a statewide publicity campaign regarding available health department services and new Medicaid eligibility requirements
13. Posting of a free-parking sign at University Medical Center
14. Provision of interagency training for health and welfare department staff on eligibility for health and social services

Recommendations for Future Action

1. Raise the Standard of Need for eligibility determination for Medicaid for pregnant women and infants from 50% to 100% federal poverty level
2. Effectively monitor and facilitate the implementation of the COBRA provision that requires appropriate hospital admission or transfer for all maternity patients
3. Implement the Medicaid option that children be covered by Medicaid for all services needed to remedy conditions identified during EPSDT screening
4. Monitor and facilitate the COBRA provision that provides for 60 days of postpartum coverage for all Medicaid maternity patients and their infants
5. Implement the Hill-Burton provision that forbids any hospital preadmission deposit if the effect is to deny care to members of the community (45 CFR Sec. 124)
6. Advocate for funding for sufficient staffing for welfare and health departments throughout the state

7. Encourage all physicians to increase their participation in the Medicaid program and to provide some access to service for indigent patients
8. Provide ongoing in-service sensitivity training for all employees of health and welfare departments
9. Continue the effective collaboration of health and welfare department staff with the Governor's Service Line for continued resolution of case and policy issues affecting appropriate implementation of perinatal health services

Continuation of this collaborative program staffing and of the task force analysis of policy recommendations is highly recommended. This project can be readily replicated by other states or by other agencies who wish to focus on other human service delivery issues. For additional information contact:

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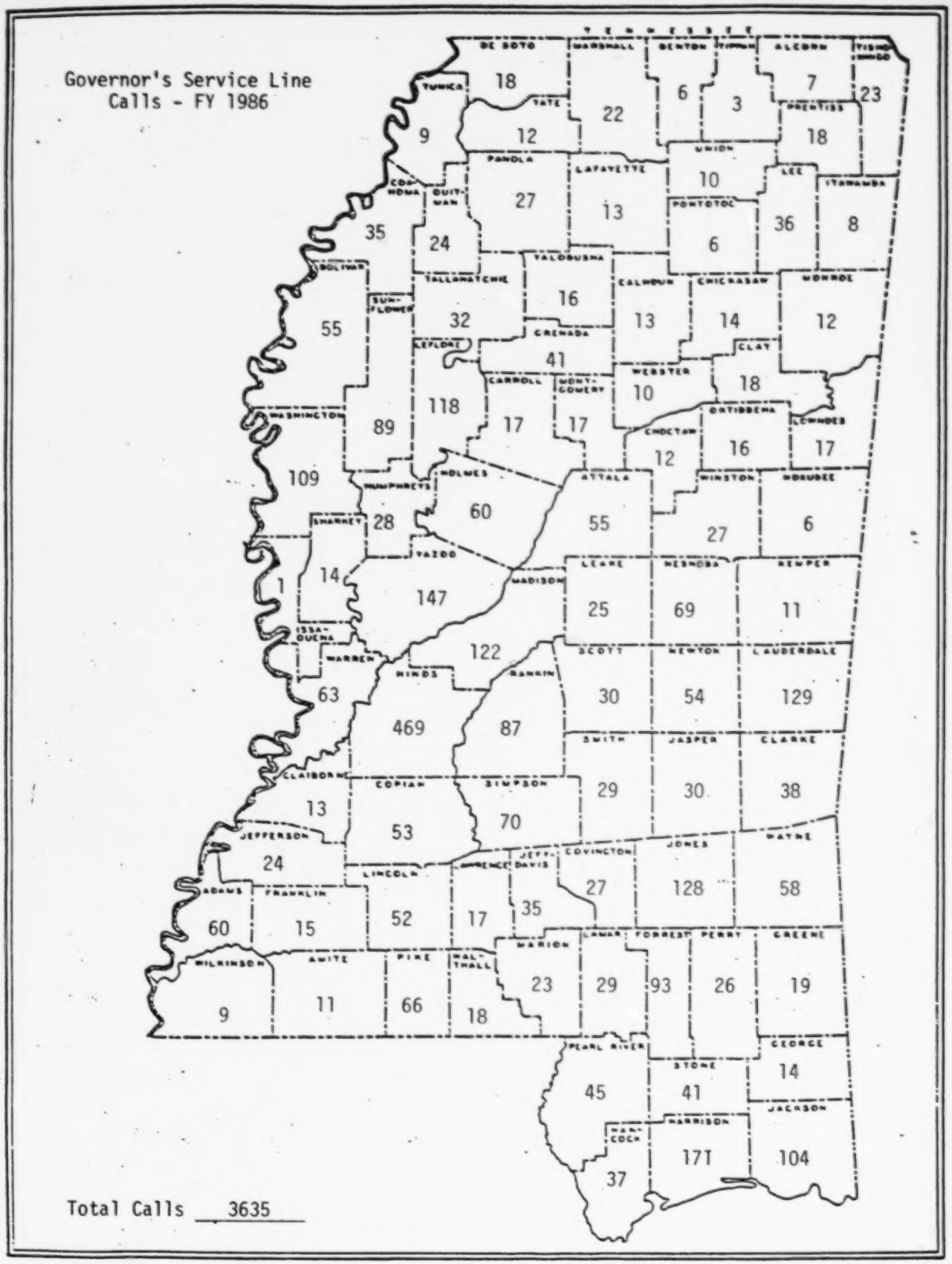
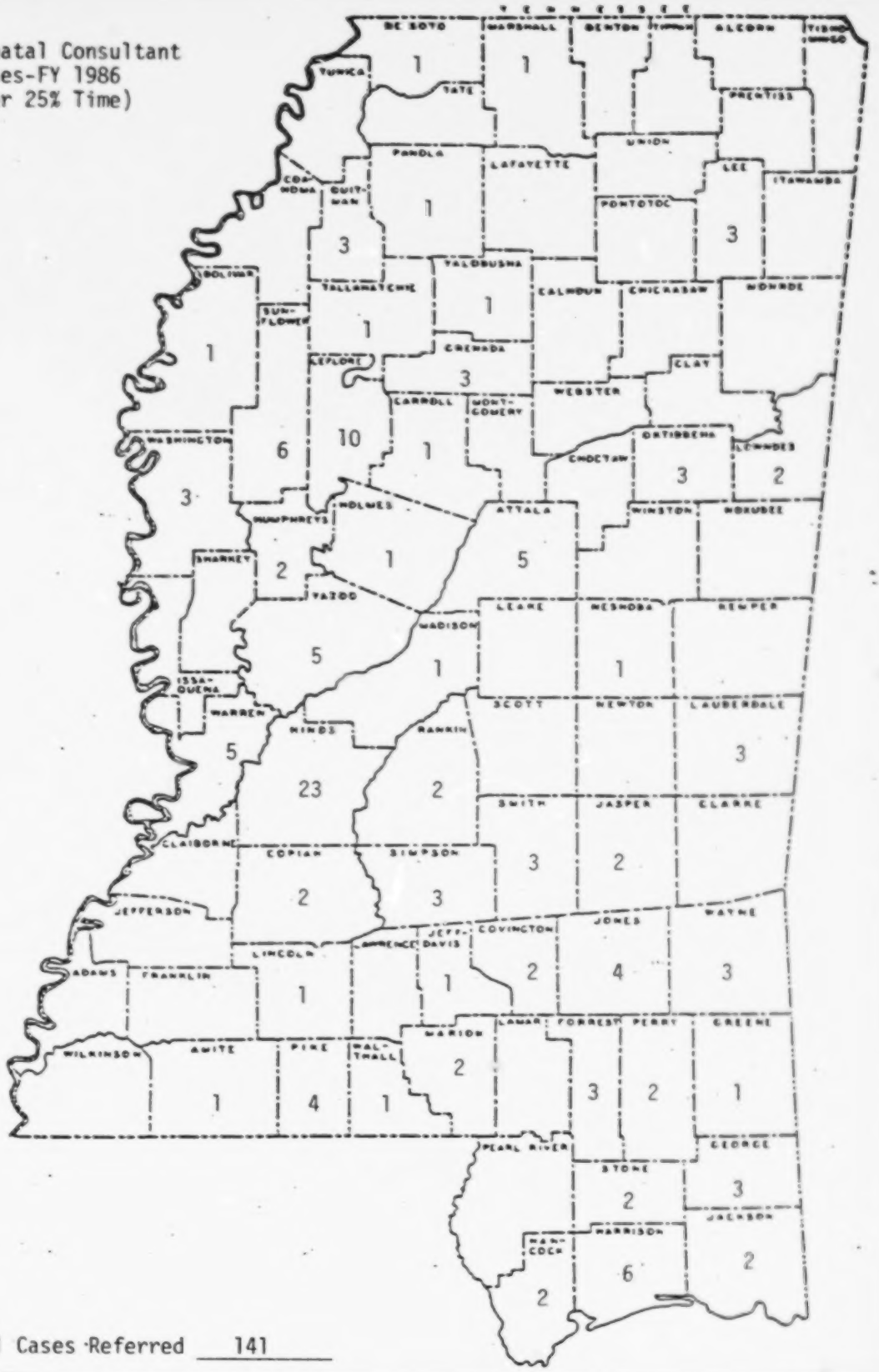

Governor's Service Line
Calls - FY 1986
DE SOTO 18
MARSHALL 22
BENTON 6
TIPPAH 3
ALCORN 7
TISHOMINGO 23
TUNICA 9
TATE 12
PRENTISS 18
UNION 10
PANOLA 27
LAFAYETTE 13
LEE 36
ITAWAMBA 8
COAHOMA 35
QUITMAN 24
PONTOTOC 6
BOLIVAR 55
TALLAHATCHIE 32
YALOBUSHA 16
CALHOUN 13
CHICKASAW 14
MONROE 12
SUNFLOWER 89
LEFLORE 118
GRENADA 41
CLAY 18
CARROLL 17
MONTGOMERY 17
WEBSTER 10
WASHINGTON 109
HUMPHREYS 28
HOLMES 60
ATTALA 55
WINSTON 27
NOXUBEE 6
SHARKEY 1
YAZOO 147
MADISON 122
LEAKE 25
NESHOBA 69
KEMPER 11
ISSAQUENA 14
WARREN 63
HINDS 469
RANKIN 87
SCOTT 30
NEWTON 54
LAUDERDALE 129
CLAIBORNE 13
COPIAH 53
SIMPSON 70
SMITH 29
JASPER 30
CLARKE 38
JEFFERSON 24
LINCOLN 52
LAWRENCE 17
JEFF. DAVIS 35
COVINGTON 27
JONES 128
WAYNE 58
ADAMS 60
FRANKLIN 15
WILKINSON 9
AMITE 11
PIKE 66
WALTHALL 18
MARION 23
LAMAR 29
FORREST 93
PERRY 26
GREENE 19
PEARL RIVER 45
STONE 41
GEORGE 14
HANCOCK 37
HARRISON 171
JACKSON 104
Total Calls 3635

Perinatal Consultant
Cases-FY 1986
(Per 25% Time)



Total Cases Referred 141